PTO/SB/17 (10-08)

Approved for use through 06/30/2010. OMB 0651-0032

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| | | | | A 14 222 | | | | |
|---|---|---|---------------------|-----------------------|----------------------------|--------------------------|----------------------------|------------|
| Effective on 12/08/2004. | | | | Complete if Known | | | | |
| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | | | | | 10/533,561-Conf. #2305 | | |
| FEE TRANSMITTAL | | | | | | May 3, 2005 | | |
| For FY 2009 | | | | | | Hitoshi Mikoshiba | | |
| | | | | | | M. L. Jacobson | | |
| Applicant claims small entity status. See 37 CFF | | | 7.01.07.01 | | 1794 | | | |
| TOTAL AMOUN | (\$) 1,300.00 | | Attorney Docket No. | | TEI-0132 | | | |
| METHOD OF PAYMENT (check all that apply) | | | | | | | | |
| Check Credit Card Money Order None Other (please identify): | | | | | | | | |
| x Deposit Account Deposit Account Number 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC | | | | | | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | | | | |
| x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee | | | | | | | | |
| X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | | | | | | | | |
| FEE CALCULATION | | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | | |
| | FI | LING FEES | SE | ARCH FEES | EXAMII | NATION FEES | 3 . | |
| Application T | ype Fee (\$ | Small Entity) Fee (\$) | Fee (\$ | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fees f | Paid (\$) |
| Utility | 330 | 165 | 540 | 270 | 220 | 110 | | |
| Design | 220 | 110 | 100 | 50 | 140 | 70 | | |
| Plant | 220 | 110 | 330 | 165 | 170 | 85 | | |
| Reissue | 330 | 165 | 540 | 270 | 650 | 325 | | |
| Provisional | 220 | 110 | 0 | 0 | 0 | 0 | | |
| 2. EXCESS CLAIM FEES Small En | | | | | | | | |
| Fee Description | | | | <u>Fee (\$)</u> 52 | Fee (\$) | | | |
| Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) | | | | | | | 220 | 26 110 |
| Multiple dependent claims | | | | · | | • | 390 | 195 |
| | | | F | ee Paid (\$) Mult | | Multiple Depend | | |
| 19 -20 or HP x = | | | | | | ee (\$) | | |
| HP = highest num | ber of total claims paid for | , if greater than 20. | | | _ | | | _ |
| Indep. Claims | Fee (\$) | Fee Paid (\$) | | | | | | |
| 2 | | | | | | | | |
| HP = highest num | ber of independent claims | paid for, if greater that | n 3. | | | • | | |
| 3. APPLICATIO | | 1100 1 | • | | | · | | |
| listings und | ation and drawings ex der 37 CFR 1.52(e)), | cceed 100 sheets of the application size | of paper | (excluding electr | onically fi for small e | iled sequence of | r computer additional 5 | 0 |
| | action thereof. See 3 | | | | or sinair c | ontrey) for cuent | .uumonun 5 | · |
| <u>Total Sheet</u> | ts Extra Sheet | s Number o | of each a | dditional 50 or frac | ction there | of <u>Fee (\$)</u> | Fee | Paid (\$) |
| | 100 = | /50 = | | (round up to a who | ole number) | х | | |
| 4. OTHER FEE(S) Fees Paid (\$) | | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | | |
| Other (e.g., late filing surcharge): 1252 Extension for response within second month 490.00 1801 Request for continued examination (RCE) (see 37 810.00 | | | | | | | | |
| SUBMITTED BY | | | | | | | | |
| | Signature Rr (A | | | | 63,796 | Telephone | (202) 95 | 5-3750 |
| | mature AND ON | | | | 03,730 | | | |
| Name (Print/Type) | Sterling D. Fillmo | re | | | | Date | September | : 29, 2009 |